

7546

FILL OUT ALL BLANKS  
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No.	
County <u>Pinal</u>	District <u>Superior</u>	County Registered No. <u>1229</u>	
Town Or City		Local Registrar's No. <u>27</u>	
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Worth P. Bellamy</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>	DATE OF DEATH <u>Oct 31</u> 19 <u>21</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Oct 31</u> 19 <u>21</u> (Month) (Day) (Year)		I hereby certify, that I attended deceased from <u>Aug 1</u> 19 <u>21</u> to <u>Oct 30</u> 19 <u>21</u> ; that I last saw him alive on <u>Oct 30</u> 19 <u>21</u> , and that death occurred on the date stated above at <u>5 P</u> M. The DISEASE or INJURY causing Death was as follows: <u>Myocarditis</u>	
AGE <u>44</u> yrs. <u>1</u> mos. <u>1</u> days <u>1</u> hrs. or <u>1</u> min.		(Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION <u>Cattle Raising</u>		Was disease contracted in Arizona? <u>Yes</u>	
BIRTHPLACE (State or country) <u>Texas</u>		If not, where? _____	
PARENTS	NAME OF FATHER <u>W. P. Bellamy</u>	CONTRIBUTORY <u>Chronic Intestinal Nephritis</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Tex</u>	(Duration) <u>Unknown</u> yrs. _____ mos. _____ days	
	MAIDEN NAME OF MOTHER <u>Eliza Ford</u>	(Signed) <u>C. R. Swackhamer, M.D.</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Mexico</u>		<u>Nov 1, 1921</u> (Address) <u>Superior, Ariz.</u>	
The Above Is True to the Best of my Knowledge (Informant) <u>W. P. Bellamy</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
(Address) <u>Superior</u>		LENGTH OF RESIDENCE	
PLACE OF BURIAL OR REMOVAL <u>Paradise, Ariz.</u>	DATE OF BURIAL OR REMOVAL <u>Nov 1 1921</u>	At place of death <u>30</u> yrs. _____ mos. _____ ds. In Arizona <u>32</u> yrs. _____ mos. _____ ds.	
UNDERTAKER <u>Albert Boyd</u>	ADDRESS <u>Hay</u>	Former or Usual Residence <u>Yuma</u>	
		Filed <u>Nov 1 1921</u> <u>C. R. Swackhamer, M.D.</u> Local Registrar	
		Filed <u>Nov 9 1921</u> <u>W. B. Rudee</u> County Registrar	